## CHILD AND ADULT FOOD PROGRAM MONTHLY MEAL COUNT RECORD (REQUIRED FORM)

NAME OF SPONSOR MEAL SERVICE LOCATION MONTH \_\_\_\_\_ # OF OPERATING DAYS \_\_\_\_\_ NAME OF **MEAL COUNT AND TALLY ENROLLED** PARTICIPANT **INSTRUCTIONS** B A L P D B A L P D B A L P D B A L P D B A L P D B A L P D B A L P D B A L P D B A L P D B A L P D B A L P D DATE 1. Complete the name of sponsor, 1 center, month and the number of 2 operating days. 3 4 Complete the first and last name of 5 the enrolled participant. 6 Record a check (√) in each column 7 for each meal served to each 8 participant per day at the point of 9 each meal service. 10 Total the checks in each column for 11 each meal served to each 12 participant. Enter the number on the 13 total line under the appropriate meal 14 type. 15 B = BREAKFAST 16 AM = AM SUPPLEMENT 17 L = LUNCH 18 19 PM = PM SUPPLEMENT D = DINNER 20 FOR OFFICE USE ONLY 21 (Note: Combine AM and PM Supplements for 22 the reimbursement voucher.) Report "At Risk" 23 meals separately. Catg. B L D AM/PM 24 25 26 27 28 29 30 31 Total TOTAL D **CERTIFICATION** 

I hereby CERTIFY that all information is true and correct. I further understand that this information is being given in connection with the receipt of federal funds, the Department officials may, for cause, verify information and that deliberate misrepresentation may subject me to prosecution or civil action under applicable state and criminal statue. The program must be available to all eligible participant regardless of age, sex, disability, race color, national origin or retaliation.